TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/728,867
Filing Date	12/08/2003
First Named Inventor	FOLKMAR, JAN
Art Unit	3677
Examiner Name	BRITTAIN, J.R.
Attorney Docket Number	POLAA P110US

Total Number of Pages in This Submission

ENCLOSURES   (Check all that apply)

☑ Fee Transmittal Form	☐ Drawing(s)	☐ After Allowance Communication to TC
☐ Fee Attached	☐ Licensing-related Papers	☐ Appeal Communication to Board of Appeals and Interferences
☐ Amendment/Reply	☐ Petition	☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
☐ After Final	☐ Petition to Convert to a Provisional Application	☐ Proprietary Information
☐ Affidavits/declaration(s)	☐ Power of Attorney, Revocation Change of Correspondence Address	☐ Status Letter
☐ Extension of Time Request	☐ Terminal Disclaimer	☐ Other Enclosure(s) (please identify below):
☐ Express Abandonment Request	☐ Request for Refund	
☐ Information Disclosure Statement	☐ CD, Number of CD(s) _____	
	☐ Landscape Table on CD	
☐ Certified Copy of Priority Document(s)		
☐ Reply to Missing Parts/ Incomplete Application		
☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KENNETH M. GARRETT	
Signature		
Printed name	KENNETH M. GARRETT	
Date	09/22/2006	Reg. No. 27,514

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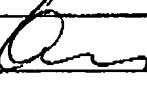
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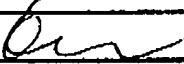displays a valid OMB control number.

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Credit Card Information

Credit Card Type: ☐ Visa   ☒ MasterCard   ☐ American Express   ☐ Discover

Credit Card Account #: ~~███████████~~

Credit Card Expiration Date: 11/06

Name as it Appears on Credit Card: Raphaela Folkmar

Payment Amount: $ (US Dollars): 25.- (twenty-five USD only)

Cardholder Signature: *Raphaela Folkmar*   Date: September 21st, 2006

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of $25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.
Service Charge: There is a $50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

Credit Card Billing Address

Street Address 1: PO Box 263

Street Address 2: Gotthardstr. 43

City: CH-6353 Weggis

State/Province:	Zip/Postal Code:

Country: Switzerland

Daytime Phone #: +41 41 390 40 80	Fax #: +41 41 390 40 81

Request and Payment Information

Description of Request and Payment Information:

Application No. 10/728,867

☒ Patent Fee	☐ Patent Maintenance Fee	☐ Trademark Fee	☐ Other Fee
Application No. 10/728,867	Application No.	Application No.	(DDN Customer No.
Patent No.	Patent No.	Registration No	
Attorney Docket No. POLAA P110US		Identify or Describe Mark	

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